

State: Ohio

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(e)(3)
of the Act

13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10)
(A)(ii)(IX)
and 1902(l)
of the Act

14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:
- a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
 - b. Infants under one year of age.

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AUGUST 1991

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B. Optional Groups Other Than the Medically Needy
(Continued)

- | | | | |
|----------------|-----------|-----|--|
| 1902(a) | <u> </u> | 15. | The following individuals who are not |
| (10)(A) | | | mandatory categorically needy, who have income |
| (ii)(IX) | | | that does not exceed the income level |
| and 1902(1)(1) | | | (established at an amount up to 100 percent |
| (D) of the Act | | | of the Federal poverty level) specified in |
| | | | <u>Supplement 1 of ATTACHMENT 2.6-A</u> for a family |
| | | | of the same size. |

Children who are born after September 30, 1983
and who have attained 6 years of age but have
not attained--

 7 years of age; or

 8 years of age.

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TN No. 91-07

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State: Ohio

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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)
(ii) (X)
and 1902(m)
(1) and (3)
of the Act

16. Individuals--
- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
 - b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
 - c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

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AUGUST 1991

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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(47) <input checked="" type="checkbox"/> and 1920 of the Act	17. Pregnant women who meet the applicable income levels specified in this plan under <u>ATTACHMENT 2.6-A</u> who are determined to be presumptively eligible by a qualified provider during a presumptive eligibility period in accordance with section 1920 of the Act.
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State/Territory: Ohio

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B. Optional Groups Other Than the Medically Needy
(Continued)

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|-----------------|-----|--|
| 1906 of the Act | 18. | Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of _____ months. |
| 1902(a)(10)(F) | 19. | Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A. |

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State: Ohio

Citation

Groups Covered

a. Optional Coverage Other Than the Medically Needy
(Continued)

902(a)(10)(A)
ii) (XIV) of the Act

X

19. Optional Targeted Low Income Children who:

- a. are not eligible for Medicaid under any other optional or mandatory eligibility group of eligible as medically needy (without spenddown liability);
- b. would not be eligible for Medicaid under the policy in the State's Medicaid plan as in effect on March 31, 1997 * (other than because of the age expansion provided for in section 1902 (l) (2) (D));
- c. are not covered under a group health plan or other group health insurance (as such terms are defined in section 2751) of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program;
- d. have family income at or below:

200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or

A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in section 2110 (b) (4) of the Act) but by no more than 50 percentage points.

amended by the technical amendments to Title XXI incorporated in the omnibus appropriations bill

No. 97-29
New

Approval Date 3-24-98

Effective Date 1/1/98

State: Ohio

The State covers:

☒ All children described above who are under age 19 (18, 19) with family income at or below 150% percent of the Federal poverty level.

☐ The following reasonable classification of children described above who are under age (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification:

(ADD NARRATIVE DESCRIPTION(S) OF THE REASONABLE CLASSIFICATION(S) AND THE PERCENT OF THE FEDERAL POVERTY LEVEL USED TO ESTABLISHED ELIGIBILITY FOR EACH CLASSIFICATION.)

1902 (a) (12) of the Act 20. A child under age (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.

920A of the Act 21. Children under age 19 who are determined by a "qualified entity" (as defined in section 1920A (b) (3) (A) based on preliminary information, to meet the highest applicable income criteria specified in this plan.

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the state agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

No. 97-29
New

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AUGUST 1991

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C. Optional Coverage of the Medically Needy

42 CFR 435.301 This plan includes the medically needy.

☒ No.

☐ Yes. This plan covers:

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

1902(e) of the Act

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10)
(C)(ii)(I)
of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

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State: Ohio

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy (Continued)

1902(e)(4) of the Act	4. Newborn children born on or after October 1, 1984 to a woman who is eligible as medically needy and is receiving Medicaid on the date of the child's birth. The child is deemed to have applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains eligible and the child is a member of the woman's household.
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42 CFR 435.308	5. <input checked="" type="checkbox"/> a. Financially eligible individuals who are not described in section C.3. above and who are under the age of-- ___ 21 ___ 20 ___ 19 ___ 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training
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☒ b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:

___ (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

___ (a) In foster homes (and are under the age of ___).

___ (b) In private institutions (and are under the age of ___).

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Agency*	Citation(s)	Groups Covered
C. <u>Optional Coverage of Medically Needy</u> (Continued)		
—	(c)	In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of —).
—	(2)	Individuals in adoptions subsidized in full or part by a public agency (who are under the age of —).
—	(3)	Individuals in NFs (who are under the age of —). NF services are provided under this plan.
—	(4)	In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of —).
—	(5)	Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of —). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
—	(6)	Other defined groups (and ages), as specified in Supplement 1 of <u>ATTACHMENT 2.2-A</u> .

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C. Optional Coverage of Medically Needy (Continued)

42 CFR 435.310 ☒ 6. Caretaker relatives.

42 CFR 435.320 ☒ 7. Aged individuals.
and 435.330

42 CFR 435.322 ☒ 8. Blind individuals.
and 435.330

42 CFR 435.324 ☒ 9. Disabled individuals.
and 435.330

42 CFR 435.326 ☒ 10. Individuals who would be ineligible if they were
not enrolled in an HMO. Categorically needy
individuals are covered under 42 CFR 435.212 and
the same rules apply to medically needy
individuals.

435.340 11. Blind and disabled individuals who:

- a. Meet all current requirements for Medicaid
eligibility except the blindness or disability
criteria;
- b. Were eligible as medically needy in December
1973 as blind or disabled; and
- c. For each consecutive month after December 1973
continue to meet the December 1973 eligibility
criteria.

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Agency*	Citation(s)	Groups Covered
	C. <u>Optional Coverage of Medically Needy</u> (Continued)	
1906 of the Act	12.	Individuals required to enroll in cost effective employer-based group health plans remain eligible for a minimum enrollment period of ____ months.